

SERVICE CONTRACT PROVIDER REGISTRATION FORM					
1. Full and Exact Name of Provider				2. FEIN	
3. Trade Name (if applicable)					
4. Business Address (P. O. Box is <u>not</u> an acceptable Business Address):					
a) Street				b) Suite	
c) City		d) State		e) Zip Code or Country	
5. Phone Number (        ) Ext.			6. Fax Number (        )		
7. Business E-mail Address			8. Business Web Site Address		
9. Mailing Address:					
a) Street or P. O. Box				b) Suite	
c) City		d) State		e) Zip Code or Country	
10. Hawaii Agent for Service of Process (if other than provider)					
11. Business Address for Hawaii Agent for Service of Process (if other than provider) (P. O. Box is <u>not</u> an acceptable Business Address):					
a) Street				b) Suite	
c) City		d) State		e) Zip Code	
12. Phone Number (        ) Ext.			13. Fax Number (        )		
14. Signature of Officer of Corporation			15. Date Signed		
16. Print Name of Signer			17. Title/Position of Signer		

1. Evidence that business entity is registered with Hawaii Department of Commerce and Consumer Affairs – Business Registration Division (808-586-2727).
2. On a separate sheet, provide the identities of the provider's executive officer or officers directly responsible for the provider's service contract business.
3. On a separate sheet provide the name, address, and telephone number of any administrators designated by the provider to be responsible for the administration of service contracts in Hawaii.
4. A copy of each service contract the provider proposes to use in Hawaii.
5. Applicable fees. Make check payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.